

**Rhode Island Department of  
Mental Health, Retardation and Hospitals  
Division of Behavioral Healthcare Services**



**Rhode Island Independent  
Peer Review Committee  
Annual Report**

**Federal Fiscal Year  
2002-2003**

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# Introduction

The fiscal year 2002-2003 Rhode Island Independent Peer Review Committee Annual Report is prepared for the Department of Mental Health, Retardation and Hospitals by members of the Rhode Island Independent Peer Review Committee. It consists of an overview of the activities of the Peer Review Committee during the reporting year. The report includes a summary of the site visit findings, current issues and recommendations for further review which have been compiled and documented by Independent Peer Review Committee members during their individual site visits to licensed substance abuse treatment facilities.

Representatives of the Department of Mental Health, Retardation and Hospitals, treatment program staff and consumers of substance abuse services are invited to review the annual report and to attend the annual review meeting.

Objectives of the annual review meeting include:

- A discussion of the findings highlighted in the report and to assist in the development of a plan of action to improve the overall quality of substance abuse services provided in the State of Rhode Island.
- To review the strengths and any possible weaknesses of the substance abuse treatment delivery system.
- To review the findings and any concerns raised by treatment providers as described in the annual report.
- To identify all available resources and strategies to address specific concerns raised by consumers.
- To provide recommendations to the Department of Mental Health, Retardation and Hospitals, for future planning initiatives.
- To assist in collaborative efforts with treatment providers in accordance with the Peer Review Committee's mission statement.

## **2002 – 2003**

# **Independent Peer Review Committee Members**

Marie D. Moore and Lora Spalt- Co-Chairpersons

Steve Horovitz  
Elizabeth Packhem  
Linda Mahoney  
David Lema  
Lynn Mulvey  
Thomas Cayer  
Rafael Urbaez

L. Sandie Smith  
Sandra Powers  
Mary Osborne  
Sheelah Maioli  
Joe L. Smith  
K. Claire Smith  
Myra Paul

Nancy Rosati continues to serve as the Department of Mental Health, Retardation and Hospitals committee representative.

## **A Brief Note From The Peer Review Committee**

We are grateful to the Rhode Island Department of Mental Health, Retardation and Hospitals, Division of Behavioral Health, the individual treatment facilities and the members of the Rhode Island Independent Peer Review Committee for their continuing commitment to the Peer Review process.

Our hope is that this report will assist the Division of Behavioral Health, treatment providers, and more recently consumers, in their efforts to improve the quality and efficacy of substance abuse treatment services in the State of Rhode Island and to serve as a model for treatment providers in other states to follow in their efforts to improve care.

Your feedback is welcomed and is viewed as a vital and essential component in our efforts to improve the quality of substance abuse treatment services.

# Site Visit Reports

As mentioned earlier in this report, the focus of the Peer Review Committee continues to shift to a more thorough review of program activities rather than clinical records. One of the major tasks accomplished by the committee this year was to include a consumer representative at each site visit to meet with consumers of each program. This brief summary will serve to highlight some of the findings from the site visit process.

## Physical Environment

- All of the program sites were clean and well maintained.
- 1 of the 5 programs report that the fire alarm system needs to be upgraded.
- 1 of the 5 programs stated that there were repairs started by the State but that they had not been completed (refurbishing bathrooms)
- 2 of the 5 programs cited need for general repairs and cleaning to be accomplished.

## Clinical Records

- All of the programs maintained clinical records in locked, centralized locations. 1 program noted that their file area isn't always locked, but that it could be.
- In one-third of the records reviewed at one program, there was no evidence of having the necessary paperwork (screening, intake, and treatment planning).
- In 2 of the 5 programs, an ongoing concern about obtaining physical examination documentation was noted.
- In 3 of the 5 programs, confidentiality statements were obtained only after the Peer Review members each signed them. In 1 program it was noted that there was no sign posted in regard to confidentiality.
- In 1 of the 5 programs, 1 record reviewed contained neither a discharge summary nor was there evident a system in place for follow-ups.
- In 1 of the 5 programs, one chart did not contain all releases that would indicate who would be eligible to know whether this person was in treatment.
- Closed records contained discharge paperwork, aftercare plans, and evidence of follow-up efforts.
- In 1 of the 5 programs there was no evidence of consumer input into the treatment planning process.
- There was lack of evidence at one program that the treatment plan reflected the original assessment, and they did not contain measurable goals. The progress notes did not reflect the treatment plan.

## Quality Assurance

- At 1 program, there was no documented evidence of Quality Assurance/ Utilization Review offered.

- None of the surveyed programs had internal peer review systems in place.
- 4 of the 5 surveyed programs provided evidence of clinical supervision.
- Each of the surveyed programs utilized the ASAM Placement Criteria.
- All of the programs expressed difficulty with licensing standards, but 2 of the 5 are having current difficulties.
- Each program encouraged consumers to participate in the site visit process and to meet with Peer Review Committee members. This effort highlights a significant shift in the Peer Review process to include consumer feedback in the quality improvement process.
- It is noteworthy that consumer feedback was overwhelmingly favorable regarding program services and the Peer Review process.

## **Client Satisfaction Survey Summary**

Rhode Island Communities for Addiction Recovery Efforts (RICARES) is a grass-roots alliance dedicated to developing a voice of empowerment for, and decreasing stigma about, those in alcohol and other drug dependence recovery. Part of the RICARES mission is to promote access to compassionate and effective treatment so individuals can live up to their full potential. Participating in the site visit process is consistent with this mission. The coordinator of RICARES had the opportunity to attend four of the five site visits with committee members in May and June (at the women's day program, one of the Peer Members met with consumers). These visits took place at an adolescent Day Treatment Program, a Drug-free Treatment Program, Opioid Treatment Program, an Outpatient Substance Abuse Treatment Program and an Adult Residential Treatment Program. Clients were interviewed at the various sites by the RICARES coordinator. 6 clients at the adult residential program were interviewed.

Some of the comments regarding areas of improvement were:

1. Most of the clients rated the program as a 5 out of 5, with 5 being the most favorable.
2. Half of those interviewed were less favorable in regard to a sense that the staff treated them with dignity and respect.
3. Also several felt they could not truly express their concerns about services and getting their individual needs met.
4. A concern was raised that staff aren't held to the same standard as the residents (ed. Note. which in most cases is understandable), but that there needed to be more professionalism on the part of staff, which is a concern.

There were also many positive comments such as:

1. "Staff listens, understands and gives good advice."
2. "Program is consistent."

3. "They encourage education."
4. "They've taught me ways to stay clean when I leave here."
5. "They will work with an outside agency."

Two clients were interviewed at the Out-Patient Treatment program. The clients rated the program very highly. There were no negative comments and only 1 suggestion:

1. "That there were more treatment sites available around the state."

The strengths of the program from the client's perspective were:

1. "Both clients felt that their counselor was caring."
2. "My counselor is caring, open-minded and points me in the right direction."

Three clients were interviewed from an Opioid Treatment program. The clients rated the program a "5" out of a scale of 1-5. Some of the positive feedback included:

1. "It's the best treatment I have ever had and it's working."
2. "The nurses are the best."
3. "It's very individualized."
4. "The staff is great. I really like everything."

The clients did have some suggestions regarding areas of improvement.

1. "Nurses need more help."
2. "I've had to go through several counselors."
3. "I wish they would be more flexible on financial issues."
4. "The staff could let more clients know about the patient advisory board and how it can help them."

Eight clients from adolescent Day Treatment were interviewed. All 8 clients gave the program the most favorable rating. Some suggestions were:

1. "No smoking should be allowed."
2. "We should have more school."
3. "I would like to go out to do more normal and fun activities, the ones we do now are repetitive."

The areas that the clients liked the most about the program include:

1. "It's a small, close group."
2. "They (the staff) really try to help me."
3. "The hours are good."
4. "They've taught me about real life problems and how to deal with them."
5. "They've helped me stop smoking and using."

# **Recommendations From The Peer Review Committee**

1. Schedule quarterly meetings with the Department of Mental Health, Retardation and Hospitals, Division of Behavioral Health to collaborate with the peer review committee on mutual efforts toward goals for change in the Independent Peer Review process.
2. There is a need to continue to explore collaborative relationships with organizations that represent persons in recovery from substance abuse and professionals from the treatment sector, including:
  - a. The Drug and Alcohol Treatment Association
  - b. RICARES
  - c. The RI State Licensing Board for Chemical Dependency Professionals
3. Explore ways to increase culturally diverse representation on the Independent Peer Review Committee.
4. Explore collaborative efforts with other State's Independent Peer Review activities.
5. To develop systems that will assure prompt response to issues identified through the Independent Peer Review process.
6. Determine when the Supervisor's Training being offered through DATA is held. Ask Peer Review members to attend to promote applications to the committee. Explore benefits of participating.
7. Develop and implement additional clinical supervision and training options for program supervisors.

After careful evaluation of this year's Independent Peer Review Committee site visits, the following areas of need have been identified:

1. That the Department of Mental Health, Retardation and Hospitals, Division of Behavioral Health continues to assist substance abuse treatment programs in their ongoing efforts to integrate substance abuse and mental health treatment. This assistance would be in the form of training, transportation funding, review of licensing standards and mental health program catchment area requirements.
2. That the Department of Mental Health, Retardation and Hospitals, Division of Behavioral Health reviews the need to implement and fund case management activities in substance abuse treatment programs.
3. That DBH treatment slots be awarded to agencies to use at any of their treatment sites, and that they not be tied to a specific program address.



4. Support technical assistance in treatment planning training, processing agency changes and in professional development plans for staff. One agency would also like technical assistance with computer training.
5. That the Department of Mental Health, Retardation and Hospitals, Division of Behavioral Health in collaboration with the Drug and Alcohol Treatment Association, assist treatment agencies in their efforts to recruit, retain and provide advanced training activities for both clinical and administrative staff.
6. That the Department of Mental Health, Retardation and Hospitals, Division of Behavioral Health continues their efforts to provide psychiatry and other mental health services to substance abuse programs through initiatives like the Partnership Development Program Pilot Projects.

## **Peer Review Committee Comments/Concerns**

*The members of the Peer Review Committee are recognizing a pattern of identifying certain continuous concerns that have been noted in this report in previous years.*

The pool of licensed professional applicants to substance abuse treatment agencies continues to shrink. This may result in “possible deficiencies during licensing and accreditation visits.”

The committee is unsure of the cause. However, low salary, lack of third party payee recognition and lack of reimbursement to potential candidates may contribute to these declining numbers.

There may be a disincentive to enter the substance abuse field due to low pay as compared to those offered in the mental health field.

The cost of training and licensure as a Chemical Dependency Professional may be another disincentive.

Recruiting and maintaining qualified trained minority staff continues to be an ongoing problem. It appears that this may result in a barrier to accessing culturally appropriate treatment.

Contract rates are stagnant, but costs to programs continue to increase.

Funding streams for particular modalities (e.g. Male Day Treatment, intensive out-patient) are not apparent. Need resources to fund grant writing, additional tools.

# Program Feedback

Program staff was invited to provide feedback to the Independent Peer Review team both prior to and following the clinical record audit. The following observations and suggestions are representative of the verbal feedback provided to the Independent Peer Review team members by treatment agency personnel:

- “Streamline the paperwork process.”
- “Request to have in-house mental health services readily available for the clients.”
- “I liked having someone outside the agency review my work.” (Referring to the Peer Reviewers)
- “More formalized training for staff in both group and individual work.”
- “Administration is open to suggestions on the part of the staff.”

Overall, program staffs continue to be receptive to the representatives of the Peer Review Committee that were involved in completing the site visits. There appeared, however, that some program personnel did not have a complete understanding of the direct benefits to themselves and their clients of the Peer Review process.

Consumers and Peer Review Committee members found that consumer feedback during the site visits was helpful, enlightening, and productive. Program staff may not yet understand the potential benefits of consumer feedback in the evaluation process.

In response, the Peer Review Committee, in collaboration with the Department of Mental Health, Retardation and Hospitals, Division of Behavioral Health is in the process of developing new activities in order to ensure that program staffs are aware of the history and benefits of the Independent Peer Review process. These include:

1. A provider forum will be facilitated by the Peer Review Committee in collaboration with the Department of Mental Health, Retardation and Hospitals, Division of Behavioral Health. All funded programs will be invited to attend this forum and to review the current Independent Peer Review Committee Annual Report.
2. A letter is forwarded to each program scheduled to take part in a site visit, which describes the Independent Peer Review process.

**An integral part of the Independent Peer Review process is the pre and post-exit interviews with program staff. Each program staff member is invited to complete a brief survey, which addresses five areas.**

1. What changes, if any, would you recommend to improve the total quality of services offered to your clients?
2. What do you believe makes your agency stand out from others?
3. What clinical function do you believe is most advantageous to the client?
4. What assistance would you like from DMHRH / DBH?
5. Do you think the Independent Peer Review process was beneficial to your agency?

What changes would you suggest to enhance the process for your agency and the treatment system?

**The following excerpts have been taken from the written surveys that were completed by program staff at the Independent Peer Review site visits:**

***What changes, if any, would you recommend, to improve the total quality of services offered to your clients?***

- “Paperwork is a major issue-repetitiveness, amount, and time consuming.”
- “Having greater mental health services access readily available.”
- “It’s happening- we are in need of adequate staff to do the work. “
- Case management service needs are greater due to a sicker population with multiple mental health needs. As well as those with other diverse needs, e.g. Non-English speaking clients, adolescents (multiple comments based on services offered by the various agencies and the populations they service)
- More individualized services need to be offered. There is a focus on shifting to a group model. This should be done for clinical versus fiscal reasons.
- Group work makes it harder to engage clients and maintain a rapport, especially if another clinician is doing the individual treatment.
- More specialized and formalized training.
- Have staff trained on co-occurring disorders.
- A mental health worker.
- More money for case management, and psychiatrist
- Reduce caseload size and reduce paperwork
- Work with UBH to change the 3-year post license requirement to work with their clients. Ask the State to cancel their Rite Care contract with them until they utilize standards similar to those of other managed care companies. It is hard to find clinicians who can see this client group as a result of this requirement.
- Changes in the agency as they have expanded and moved to a behavioral health model have resulted in a split with staff. Staff wants more help in managing the change process to address the split.

***What do you believe makes your agency stand out from others?***

- “The many resources available for our clients”
- “No waiting period, instant access for everyone. Bilingual, non-judgmental, no restrictions on readmission.”
- “We keep up with changes and have become more behaviorally health oriented to deal with the public health needs, adolescents, gambling, mental health issues, etc.”

- “Administration is open to suggestion from staff and the suggestions often get implemented.”
- “Drug free treatment used to be important before the expansion, but now it seems less important.”
- “Expansion is good, but attention is not paid as much to the drug free program. There are growing pains.”
- “Individualized treatment used to be important.”
- The availability of affordable treatment, and quick response.
- “Wraparound” community services are available.
- “The therapeutic relationship was always important and this is what led to client change.”
- “Comprehensive approach to working with client’s needs. Interest in and sensitivity and understanding of minority populations and ethnic/cultural diversity.”
- “We have services for non-English speaking clients.”
- “Confrontable environment. Holistic approach.”
- “Group and didactic classes, when conducted effectively.”
- “Serves the minority community and provides treatment to the truly indigent.”

***What clinical function do you believe is most advantageous to the client?***

- The program’s attitude regarding Relapse Programming, addictions and mental illness.
- Incorporating the Native American 12 Steps into the programming.
- “Both individual and group counseling. With adolescents, family counseling is an important component.”
- “We have traditionally been great with the mandated client by engaging them in individual treatment with MET techniques.”
- “The adolescent program has been developed and provides substance abuse treatment, anger management, expressive arts, through group and individual treatment. We work closely with the schools, DCYF, Group Homes, the Drug Court, and Probation.”
- “Case management for males getting out of prison is important as well as the pre-release drug free treatment while they are in prison.”
- “Counseling: individual and group. Also case management.”
- “Being available and listening to client’s situations.”
- “Behavioral modification.”
- “Individual therapy, where the client gets personal attention from counselors. Group therapy where the clients interact with each other.”

- “Counseling is the most essential to help the client address the behaviors of this addiction. Coordination of services is also critical for providing holistic treatment for clients.”
- “Client’s benefit from group support and individual contact to stay focused on program requirements and enhance recovery.”

***What assistance would you like from DMHRH / DBH?***

- “Continued contract funding for the DBH slots versus fee for service so that there is still financing for agencies to work with the hard to engage client.”
- “Increased training requirements for clinicians who work with the adolescent population.”
- “Work with Rite Care to have UBH change their 3-year post license requirement to credential substance abuse staff.”
- “Specific in-services pertaining to our agency’s needs.”
- “More information on adolescents when they come from other agencies.”
- “Simplifying treatment documentation for readmissions. Mental health accessibility. Mental Health medication continuation. Medical and physical assistance.”
- “Ability to contact DBH with questions with regards to required documentation; well-designed documents/forms, et cetera.”
- “Trainings in new treatment plans for substance abuse, gambling.”
- “Implementation of a mental health component to our agency.”

***Do you think the Independent Peer Review process was beneficial to your agency? What changes would you suggest to enhance the process for your agency and the treatment system?***

- “Yes, this was helpful. We had a chance to express concerns to unbiased individuals and get validation and some suggestions.”
- “I feel yes, the Peer Review was beneficial to me. It gave me a chance to open up more around people I really don’t know and feel confident.”
- “Yes, another pair of eyes. I was nervous. I like someone else looking at my work!”
- “Yes, it was beneficial to our agency. It gave us some different avenues to try.”
- “I believe it will give specific areas for needed improvement.”
- “Any review is good to improve services and critique operations. No suggestion regarding changes at this time.”
- “Don’t know. We will see if anything happens as a result of this meeting.”

# **Summary of Peer Review Accomplishments 2002-2003**

1. The Independent Peer Review Committee continues to meet on a monthly basis.
2. Meeting times are varied in order to accommodate the needs of different treatment modalities.
3. Completed lottery for agency site selection.
4. Conducted five site visits at substance abuse treatment facilities.
5. Re-evaluated committee objectives, set additional goals.
6. Completion of Peer Review Annual Report.
7. Facilitated annual review process with representatives from the Department of Mental Health, Retardation and Hospitals, Division of Behavioral Health.
8. Provided continuing education units to committee members.
9. Revised site visit tool to reflect the focus of individual program site visits from clinical records to program goals, philosophies, and activities.
10. Conducted active recruitment for new committee members with a specific focus on representatives from minority populations.
11. Conducted a review of concerns, goals and objectives identified in the past year's Annual Report.
12. Maintained a group supervision program for clinical supervisors.
13. Maintained a procedure to include consumer input in the Peer Review process. This protocol, in its present form, includes individual and/or group meetings with clients, as appropriate at each treatment program.
14. Provided direct input and liaison activities to the Drug and Alcohol Treatment Association Training Advisory Committee.
15. Provided technical assistance to programs by sharing documentation procedures and clinical forms.
16. Hosted an annual forum in collaboration with the Department of Mental Health, Retardation and Hospitals.

# The Site Visit Process

In its ten years of existence, the Rhode Island Independent Peer Review Committee has developed a process to continuously assess and improve substance abuse treatment services to individuals affected by chemical dependency. To that end, a number of programs have been reviewed and aggregate data has been collected for annual reporting purposes.

The purpose of the Independent Peer Review reporting process is to present data obtained from site visits in order to develop specific systems, which are designed to:

1. Improve substance abuse treatment care standards.
  2. Assess the quality and appropriateness of individual treatment services.
  3. Identify and respond to the needs of substance abuse programs and staff.
  4. Encourage the utilization of peer resources by substance abuse treatment professionals.
  5. Develop and implement strategies to address issues of concern identified through site visits.
1. Maintain a system to monitor and improve the Independent Peer Review process.
  2. Provide technical assistance to substance abuse treatment programs.

In order to achieve these goals, committee members evaluate the feedback provided by agency staff during the site visits. Consistent feedback from many treatment providers included a request that the Independent Peer Review process continue to be utilized as a means to advocate about issues relative to the provision of quality treatment services.

The RI Independent Peer Review Committee met monthly during the past year in order to complete its assigned tasks. A lottery selection conducted in the month of February resulted in a total of five programs (equal to 5% of state funded slots) having been chosen for participation in site visits. These programs are representative of various levels of care, including:

Methadone Maintenance Treatment	(1)
Outpatient Substance Abuse Treatment	(1)
Residential Substance Abuse Treatment	(1)
Day Treatment Services	(1)
Adolescent Substance Abuse Treatment	(1)

Prior to each site visit, the Executive Director of each selected agency is provided with the following information:

- a) Their agency has been selected for an Independent Peer Review site visit.

- b) The names and phone numbers of the Independent Peer Review Committee members selected to complete the site review.

Each selected agency has the option to request an alternate Independent Peer Reviewer in order to avoid any potential conflicts of interest.

Each selected agency is requested to assign a representative to coordinate the Independent Peer Review visit with the site visit team.

All agency personnel are invited to participate in an informational meeting with the Peer Review team at the outset of the site visit. This meeting will serve to:

- a) Introduce agency personnel and Independent Peer Review team members.
- b) Review the goals, objectives and mission of the Independent Peer Review process.
- c) Explain the Independent Peer Review process and the necessary elements of the site visit.
- d) Enable each Independent Peer Review team member to sign a confidentiality form.
- a) Provide a tour of the treatment facility.
- b) Discuss the involvement of consumers in the site visit process.

The Peer Review team will then complete a review of 3 clinical records. Record review results will be documented on the RI Independent Peer Review site visit form. The purpose of the record review is to evaluate the strengths and weaknesses of documentation protocols and to assess the need for technical assistance and training. Agency personnel are then invited to participate in an exit interview with the Peer Review team. The exit interview will serve to:

- a) Provide a forum to discuss the observed strengths of program.
- b) Provide feedback regarding the review of the clinical records.
- c) Solicit feedback from agency personnel regarding the Independent Peer Review process.
- d) Discuss the progress made in achieving past goals from the previous annual report.



# Peer Review Committee Member Responsibilities

In addition to facilitating individual site visits at substance abuse treatment facilities, Independent Peer Review Committee members also participate in a wide variety of training and reporting activities, these include:

- Review the eligibility of new prospective individual Peer Review Committee members.
- Completion of an annual lottery selection for agency site visits.
- Assignment of appropriate Peer Review Committee members to facilitate individual program site visits.
- Preparation of the Independent Peer Review Committee Annual Report for Rhode Island Department of Mental Health, Retardation and Hospitals, Division of Behavioral Health.
- Annual evaluation and update of the Independent Peer Review process.
- The facilitation of training and consultation to individual substance abuse treatment programs.
- Attendance and participation at monthly Independent Peer Review meetings.
- Participation in clinical group supervision activities.

An added benefit to participating in the Independent Peer Review process is that committee members receive Rhode Island Board for Certification of Chemical Dependency Professionals (RIBCCDP) approved continuing educational credits for their involvement in the Peer Review Process. These CEU's can be used for re-certification of Chemical Dependency Professionals.

## Current Membership Profile

Each Peer Review committee member actively participates on the Independent Peer Review Committee on a monthly basis. The committee membership represents each treatment modality, including:

1. residential substance abuse treatment
2. outpatient substance abuse treatment
3. day treatment services
4. detoxification services
5. methadone maintenance treatment

Independent Peer Review Committee members must, at minimum, meet the following eligibility criteria:

1. licensure as a Chemical Dependency Professional (LCDP)
2. have completed a 30-hour Clinical Supervision training

3. have documentation of one-year experience providing supervision of a substance abuse treatment.

Each new Peer Review committee member receives a minimum of 12 months of training and supervision by a seasoned member of the Independent Peer Review Committee.

Present membership of the Independent Peer Review Committee is sixteen individuals. It is worthy of note that three members continue to remain as active participants of the Independent Peer Review Committee since the original Peer Review Development Committee was established in 1993.

#### Years of Supervisory Experience in Substance Abuse Treatment

- Zero members with 1-3 years
- Six members with 3-5 years
- Four members with 5-10 years
- Five members with 10-20 years
- One member with 20+ years

#### Years of Experience Providing Substance Abuse Treatment

- Five members with 5-10 years
- Ten members with 10-20 years
- One member with 20+ years

All members of the Independent Peer Review Committee perform a combination of clinical and administrative supervision activities and provide direct clinical services as part of their responsibilities at their respective treatment facilities.

#### Number of Committee Members with Experience in Each Treatment Modality

- Six members with Day Treatment experience
- Fourteen members in Outpatient Treatment experience
- Nine members in Residential Treatment experience
- Ten members in Detoxification Treatment experience
- Seven members in Methadone Maintenance Treatment experience

#### Years of Experience with Various Target Populations

- Fifteen members - Provision of Adult Treatment
- Ten members - Provision of Adolescent Treatment
- Thirteen members - Provision of Treatment of Males
- Thirteen members - Provision of Treatment of Females
- Eleven members - Provision of Dually Diagnosed with Mental Health and Substance Abuse Treatment
- Five members of the Independent Peer Review Committee currently hold credentials in both mental health and substance abuse treatment.

# History of the Peer Review Process

In 1993 the Department of Health and Human Services (45 CFR Part 96) Substance Abuse Treatment Block Grants mandated that *each state "assess and improve, through independent peer review, the quality and appropriateness of treatment services delivered by providers that receive funds from the Substance Abuse Block Grant."*

The peer review process was established by the Center for Substance Abuse Treatment to "provide for independent peer review to assess the quality, appropriateness, and efficacy of treatment services provided in the State to individuals by entities funded by the Substance Abuse Block Grant".

The purpose of the Independent Peer Review process is to ensure the high quality provision of substance abuse treatment services through an independent review of program practices and the provision of technical assistance by qualified Chemical Dependency Professionals.

In order to meet this goal, Peer Review Committee members review the many challenges that treatment providers face in the present healthcare environment. The Committee's Annual Report highlights any issues that may enhance or impede the efforts of treatment providers in the provision of high quality substance abuse treatment services.

Clinical Supervisors from each treatment program funded through the Block Grant were invited to participate in the development of the Peer Review process. These supervisors formed a work group that became known as the Peer Review Development Committee and began to design a process by which to assess, measure and improve quality care standards.

A standardized evaluation tool and protocol for review was developed by this committee through standards described in the Federal Register "required elements for Peer Review."

Peer Review activities began in earnest in 1994. Since its inception forty-three programs have been selected and reviewed.

During the past year, a process to obtain consumer input was added to the Peer Review process. A consumer representative now accompanies other Peer Review members on each site visit.

Each year, Peer Review Committee members develop a calendar of events; complete a "lottery" to choose program survey sites, complete site visit reports and this Annual Report. Since the year 2000, the Peer Review Committee provides monthly group supervision for active members of the committee.

Historically, issues of concern raised by substance abuse treatment providers have fallen within three general categories:

Information related to best practices information and in-service training.

Administrative issues including staffing, funding and capital improvements.

Technical assistance needed in the areas of record keeping, licensing, accreditation and management of information systems.

The concerns described in this annual report will be used in the development of a corrective plan of action to ensure the realization of high quality, effective and efficient treatment to persons affected by substance abuse.

## **Peer Review Definition**

This report will serve to summarize the activities of the Rhode Island Independent Peer Review Committee during fiscal year 2002-2003.

Below you will find a brief explanation of Independent Peer Review taken from the Federal Register 96.136 as mandated by provisions in the Alcohol, Drug and Mental Health Services Block Grant.

- A. The State shall for the fiscal year for which the grant is provided, provide for independent peer review to assess the quality, appropriateness, and efficacy of treatment services provided in the State to individuals under the program involved, and ensure that at least 5 percent of the entities providing services in the State under such program are reviewed. The programs reviewed shall be representative of the total population of such entities.
- B. The purpose of independent peer review is to review the quality and appropriateness of treatment services. The review will focus on treatment programs and the substance abuse service system rather than on the individual practitioners. The intent of the independent peer review process is to continuously improve the treatment services to alcohol and drug abusers within the State system. "Quality," for purposes of this section, is the provision of treatment services which, within the constraints of technology, resources, and patient/client circumstances, will meet accepted standards and practices which will improve patient/client health and safety status in the context of recovery. "Appropriateness," for the purposes of this section, means the provision of treatment services consistent with the individual's identified clinical needs and level of functioning.
- C. The independent peer reviewers shall be individuals with expertise in the field of alcohol and drug abuse treatment. Because treatment services may be provided by multiple disciplines, States will make every effort to ensure that independent peer reviewers are representative of the various disciplines utilized by the program under review. Individual peer reviewers must also be knowledgeable about the modality being reviewed and its underlying theoretical approach to addictions treatment, and must be sensitive to the cultural and environmental issues that may influence the quality of the services provided.

- D. As part of the independent peer review, the reviewers shall review a representative sample of patient/client records to determine quality and appropriateness of treatment services while adhering to all Federal and State confidentiality requirements, including 42 C.F.R. Part 2. The reviewers shall examine the following:
1. admission criteria/intake process;
  2. assessments;
  3. treatment planning, including appropriate referral, e.g., prenatal care and tuberculosis and HIV services;
  4. documentation of implementation of treatment services;
  5. discharge and continuing care planning; and
  6. indications of treatment outcomes.
- E. The State shall ensure that the independent peer review will not involve practitioners/providers reviewing their own programs, or programs in which they have administrative oversight, and that there be a separation of peer review personnel from funding decision makers. In addition, the State shall ensure that independent peer review is not conducted as part of the licensing/certification process.
- F. The States shall develop procedures for the implementation of this section and such procedures shall be developed in consultation with the State Medical Director for Substance Abuse Services.

96.136 Independent peer review.